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File Number: **6010804** Incorporation Date / Formation Date: **4/7/2016**  
(mm/dd/yyyy)

Entity Name: **YOUHEALTH OCUTECH, INC.**

Entity Kind: **Corporation** Entity Type: **General**

Residency: **Domestic** State: **DELAWARE**

**REGISTERED AGENT INFORMATION**

Name: **LEGALINC CORPORATE SERVICES INC.**

Address: **2035 SUNSET LAKE ROAD SUITE B-2**

City: **NEWARK** County: **New Castle**

State: **DE** Postal Code: **19702**

Phone: **302-894-8922**

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

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